



City of Arlington Housing Modification for Disabled Tenants PY 2007 Guidelines

Based on available funding, the City of Arlington provides eligible tenants a one-time grant of up to \$5,000 within a three-year period for removal of barriers to mobility in their home. For renters to be eligible they must meet the following requirements:

- ❖ Must reside within the city limits of Arlington, TX.
- ❖ Must meet the Department of Housing and Urban Development's definition of low-income based on verified gross household income and household size.
- ❖ Improvements must be to *remove* architectural barriers that restrict mobility and accessibility for persons verified as elderly or physically disabled.
- ❖ Rental property owners must provide written authorization for improvements for an elderly or disabled tenant.

Definition of Low-Income

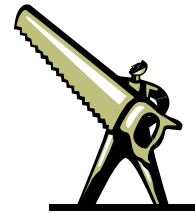
"Low-Income Household" shall mean all the persons occupying the housing unit whose total income does not exceed 80% of the area median income, adjusted for household size, as established by HUD.

HUD Income Guidelines for PY 2007

Household Size	1	2	3	4	5	6	7	8
Income Limit (<80% MI)	\$35,500	\$40,550	\$45,650	\$50,700	\$54,750	\$58,800	\$62,850	\$66,900

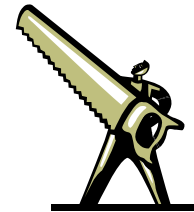
Household Income Calculations

The HUD definition of annual income is the gross amount of income of all adult household members that is *anticipated to be received during the coming 12-month period*. Income of all household residents aged 18 or over, unless they are a full-time student, will be included in the household income determination. This includes fulltime and part-time wages, self-employment wages, TANF, alimony, Social Security benefits, pensions, child support, and regular gifts of money from friends, family, church, or social agency. Money earned from providing services, and interest from bank accounts or investments must be disclosed.



Application Process

Architectural Barrier Removal applications are given priority in the scheduling of property inspections to verify that the problem(s) comply with the program guidelines listed above. However, an application must be completed and verified by City staff before any work is to be scheduled. Verification requirements are listed on the following page.



Housing Modification for Disabled Tenants Income Verification Requirements

The following information is required in order to complete your application for the City of Arlington's Housing Modification for Disabled Tenants. Please contact the Rehabilitation Administrative Secretary to determine eligibility at 817-276-6707 to schedule your appointment.

PLEASE BRING THE FOLLOWING ORIGINAL DOCUMENTS

1. Drivers License or picture identification

2. Written verification of all household income

- Last 6 paycheck stubs (if working)
- Last year's income tax return. 1040 form with W2's
(Last years income tax can only be used as verification of income if you are self-employed)
- Last 6 months bank statements.
- Social Security Award letter (if applicable)
- Proof of child support or Alimony (if applicable)
- Proof of retirement income (if applicable)
- All other income (i.e. contributions, gifts)

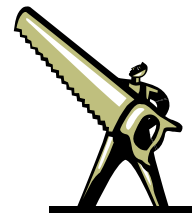
3. Record of Assets

Yearly interest on all assets (stocks, bonds, certificates of deposits, passbook savings, etc.) must be counted as income. Written verification of the value of these assets and interest rate at which they are invested is necessary to complete you application.

4. Written Authorization from Rental Property Owner

5. Written third-party verification of disability (i.e., doctor, social service agency, etc.)

Applicants must authorize City staff to verify the information provided by any means necessary to determine program eligibility. Applicants will be required to certify that the information provided is true and will be subject to federal prosecution for knowingly making false statements. **THIS INFORMATION WILL REMAIN CONFIDENTIAL, AND WILL BE USED SOLELY FOR THE PURPOSE OF ESTABLISHING YOUR ELIGIBILITY FOR THIS PROGRAM.**



HOUSING MODIFICATIONS FOR DISABLED TENANTS APPLICATION

SECTION A. APPLICANT DATA

DATE _____

HEAD OF HOUSEHOLD

NAME _____

SOCIAL SECURITY # _____

ADDRESS: _____ ZIP CODE: _____

YEARS AT CURRENT ADDRESS: _____ PHONE: _____

SPOUSE

NAME _____

SOCIAL SECURITY # _____

INCOME _____ MO/YR

Is either Homeowner a student? ___Y ___N

If yes, were you claimed by parents last year? ___Y ___N

Race and Ethnicity of Head of Household (Check One)

(This information is being collected to assure compliance with fair housing and equal opportunity rules).

Do you consider yourself to be Hispanic? _____ Yes _____ No

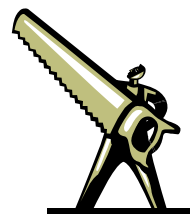
Please check the appropriate race category for your household.

___ White ___ Black ___ Asian/Pacific Islander ___ American Indian/Alaskan Native
___ Native Hawaiian/ Other Pacific Islander

Multi-race:

___ American Indian/Alaskan Native & White ___ Asian & White ___ Black/African American
& White ___ Other

___ American Indian/Alaskan Native & Black/African American



OTHERS RESIDING IN HOME

1) NAME _____
RELATIONSHIP _____

SOCIAL SECURITY # _____ AGE _____

INCOME _____ MO/YR

2) NAME _____
RELATIONSHIP _____

SOCIAL SECURITY # _____ AGE _____

INCOME _____ MO/YR

3) NAME _____
RELATIONSHIP _____

SOCIAL SECURITY # _____ AGE _____

INCOME _____ MO/YR

4) NAME _____
RELATIONSHIP _____

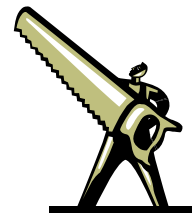
SOCIAL SECURITY # _____ AGE _____

INCOME _____ MO/YR

SECTION B. SOURCE OF INCOME

Income includes all money flowing into the household from all persons over 18 years old. Self-employment wages, TANF, alimony, Social Security benefits, pensions, child support and regular gifts of money from friends, family, church, or other social agencies must be disclosed. Money earned from providing services and interest from bank accounts or investments must be reported.

Household Member	Wages/Salaries	Benefits/ Pensions	Other Financial Assistance	Asset Income



Please provide the name, address and telephone number of employer(s): (INCLUDE LAST 6 PAY STUBS)

Employee _____ Employer _____

Address _____ PH# _____

Employee _____ Employer _____

Address _____ PH# _____

Employee _____ Employer _____

Address _____ PH# _____

LIST ALL BANK/SAVINGS ACCOUNTS: (PROVIDE COPIES OF EACH FOR PREVIOUS 6 MONTHS)

CHECKING:

Name on Account: _____

Institution _____

Account # _____ Balance \$ _____

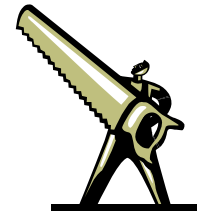
SAVINGS:

Name on Account: _____

Institution _____

Account # _____ Balance \$ _____

*****If more room is required, please attach information on a separate piece of paper and attach to the application. *****



MONTHLY MORTGAGE PAYMENT: _____ BALANCE OWED: _____

CAR PAYMENT _____ CREDIT CARDS _____

OTHER HOUSEHOLD EXPENSES _____

Please give a brief description of the repairs needed and the date that you first noticed the problem.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS COMPLETE, TRUE, AND CORRECT TO THE BEST OF MY BELIEF AND KNOWLEDGE, AND I DO HEREBY AUTHORIZE THE STAFF OF THE CITY OF ARLINGTON TO VERIFY THE INFORMATION TO APPROVE ELIGIBILITY BY WHATEVER MEANS NECESSARY, INCLUDING, BUT NOT LIMITED TO, WAGES, PENSIONS, INVESTMENTS, AND RESIDENCY. I FURTHER CERTIFY THAT THIS PROPERTY IS NOT BEING OFFERD FOR SALE AND IS MY PRIMARY RESIDENCE.

IT IS UNDERSTOOD THAT THIS AUTHORIZATION IS GRANTED FOR THE SOLE PURPOSE OF CERTIFYING ELIGIBILITY FOR THE CITY OF ARLINGTON HOUSING REHABILITATION PROGRAM AND THAT ALL INFORMATION ACQUIRED IN THIS REGARD WILL REMAIN CONFIDENTIAL.

I ALSO UNDERSTAND THAT IF MY APPLICATION IS DENIED FOR ANY REASON, I CAN APPEAL IN WRITING TO THE ASSISTANT DIRECTOR, DAVID ZAPPASODI, AT 501 W. SANFORD STREET, SUITE 20, ARLINGTON, TX 76011.

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT

COMMUNITY SERVICES STAFF

DATE RECEIVED

WARNING: IT IS A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT AS TO ANY MATTER WITHIN ITS JURISDICTION (SECTION 1001 OF TITLE 18, U.S. CODE).